

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39113

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1000**
 (c) City **St. Louis** (d) Street No. **1546 Mississippi** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **24** yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Arba Dell Whittington**

(a) Residence, No. **1546 Mississippi** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 20, 1899**
 7. AGE YEARS **38** MONTHS **7** DAYS **9** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Shoe Worker**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Int. Shoe Factory**
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

13. NAME **William Henry Whittington**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Maude Pilson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT (ADDRESS) **Lillie Whittington**
1546 Mississippi Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Benton Illinois** DATE **11/2/37**

19. FUNERAL DIRECTOR (ADDRESS) **Allen W. McLaughlin**
2301 Lafayette Ave.

20. **NOV 1 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 29** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 1** 19**37**, to **Oct 29** 19**37**
 I last saw **her** alive on **Oct 28** 19**37**. Death is said

to have occurred on the date stated above, at **5:20 p.m.**
 The principal cause of death and related causes of importance were as follows:

Pulmonary TB

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury **Shoe work**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify **C. P. Pusket** 1, M. D.

(Signed) **C. P. Pusket**

(Address) **3529 Franklin**

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3632
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.
No. _____ or by _____
working under my personal supervision.

Signed L.R. Cooper Registered Apprentice No. _____
Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)